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Thursday, October 30, 2008

Public Service Commission  
Docket Department  
101 Executive Center Drive  
Columbia, SC 29210

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Re: Docket Number 2007-445-A

To whom it may concern:

I am writing in response to the State of South Carolina's consideration for introducing "Stretcher Vans" as a means of transporting bed confined patients to and from physician offices, dialysis centers and other non-emergent health care facilities. I am supportive of ways to improve our health care system by investing in innovative alternatives that reduces cost to the taxpayer, but we must be mindful that long term savings must not compromise the well being of the beneficiary nor differ the quality of patient care to for-profit transportation industries.

First, patients that require ambulance transportation must meet three specific criteria. The criteria for patients that are eligible for ambulance transportation are patients that are bed confined, patients that are unable to stand without assistance and patients that are unable to sit in a wheel chair for the time it takes to complete the service. By classifying the patients in this category they must have an underlying medical diagnosis, or illness, that qualifies them for an ambulance transport. Thus, the patient can be compromised if a sudden onset or illness arises and they have no ability to maintain their airway, communicate or position themselves to prevent aspiration or other life threatening possibilities.

Second, many patients may be transported to dialysis in which a number of life-threatening problems can occur as a result of their circulatory system being circulated and filtered by a machine. Complications from Hypotension can occur as a result of volume depletion or a severe hemorrhage can occur from the dialysis shunt's inability to clot. In addition, there are other factors that can contribute to problems with the beneficiary such as Chemotherapy, Radiation Treatment, or CT/MRI scans where contrast is used by the provider.



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I believe introducing this form of transportation is not to save the State money, but to increase revenue to businesses acting as a "go between" for the Medicaid program and Ambulance providers. Furthermore, introducing this method of transportation will compromise the well-being of beneficiaries by eliminating a patient care advocate who is monitoring their vitals, providing reassurance in a stressful situation, answering questions or giving them a shoulder to lean on. By administering a program that would resemble a "Two man and a truck" way of doing business will not only compromise the integrity of the health care system but will contribute to the devaluing of a beneficiaries quality of life.

I ask the State of South Carolina not to support this measure and continue to be an advocate to the beneficiaries by not short changing the safety or quality of life by placing profit above patient care.

Respectfully Submitted,



Sean D. Halliburton  
NREMT-Paramedic

SDH/sdh